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HIV/AIDS Semi-Annual Report December 2007

Kentucky Cabinet for Health and Family Services
Department for Public Health
HIV/AIDS Branch

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH

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Janie Miller
Secretary

Dear Reader:

Enclosed you will find the December 2007 issue of the HIV/AIDS Semi-Annual Report for Kentucky. As of December 31, 2007, there have been 4,764 AIDS cases reported in Kentucky, of which 2,802 are presumed to be currently living with AIDS.

We are pleased to begin releasing data on HIV infections diagnosed since 2005 in Kentucky. There have been a total of 1,012 HIV infections diagnosed and reported between 2005 and 2007. The HIV/AIDS Surveillance Program is continuing to evaluate HIV cases previously reported under the old code-based identification system. Therefore, estimates of those living with HIV infection in Kentucky are not available. At this time, data presented on HIV infections is limited to a small section near the end of the report. Over time, we will continue to increase the amount of HIV data in the report. Please carefully read the information about the data source and technical notes on pages 2 and 3 for further information about interpreting the data presented.

The data presented in this report are available on our website at http://chfs.ky.gov/dph/epi/HIVAIDS/surveillance.htm. Only the December edition of the Semi-Annual Report will now be available in hard copy. However, you can now receive e-mail updates when new HIV/AIDS statistical reports are released online. For a subscription to receive these e-mails updates, please send a blank e-mail to the following address: subscribe-dph-semiannualreport@listserv.ky.gov.

Sincerely,

Karin Bosh, Ph.D.
HIV/AIDS Epidemiologist

HIV/AIDS Semi-Annual Report Production:

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Data Source

The HIV/AIDS Semi-Annual Report presents data regarding AIDS cases diagnosed and reported to the Kentucky Department for Public Health HIV/AIDS Surveillance Program through December 31, 2007. In this edition, data regarding HIV cases diagnosed and reported between January 1, 2005 and December 31, 2007 will be presented. This represents the first release of HIV data since name-based HIV reporting was implemented in July 2004. The data only include those persons who have been confidentially tested and reported to the HIV/AIDS Surveillance Program. No adjustments are made to the data presented to account for undiagnosed, anonymously tested, or unreported cases.

HIV/AIDS Reporting Requirements

According to state regulation 902 KAR 2:020, Section 7, health professionals licensed under KRS chapters 311 through 314, health facilities licensed under KRS chapter 216B, and laboratories licensed under KRS chapter 333 are required to report HIV and AIDS cases to the Kentucky Department for Public Health or the Louisville Metro Department for Public Health and Wellness within five business days of diagnosis.

Cases residing in the Kentucky counties of Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, and Trimble counties are reported to the Surveillance Nurse Consultant at the Louisville Metro Department for Public Health and Wellness at 502-574-6575. All other cases are reported to the Kentucky Department for Public Health HIV/AIDS Surveillance Program at 866-510-0008. Case information from both sites is combined at the Kentucky Department for Public Health to produce this report. Additional case reporting information can be found on the Kentucky HIV/AIDS Branch website: http://chfs.ky.gov/dph/epi/HIVAIDS/surveillance.htm.

Key Terminology

Date of Report: The date HIV infection or AIDS diagnosis is reported to the Kentucky HIV/AIDS Surveillance Program.

Date of Diagnosis: The date HIV infection or AIDS is diagnosed.

HIV (Human Immunodeficiency Virus): A retrovirus that infects the helper T cells of the immune system, resulting in immunodeficiency. HIV is diagnosed by a positive confirmatory antibody test or positive/detectable viral detection test.

AIDS (Acquired Immunodeficiency Syndrome): Advanced stage of HIV infection characterized by severe immune deficiency. Diagnosed by the presence of at least one of 26 opportunistic illnesses or a CD4 laboratory test less than 200 cells/ml of blood or 14% of the total white blood cells (lymphocytes).

Transmission Category: Classification used to summarize the risk factor most likely responsible for disease transmission. Each case is only included in a single transmission category.

- **Men Who Have Sex With Men (MSM)**: Men who report having sexual contact with other men.
- **Injection Drug Use (IDU):** Individuals that report injecting nonprescription drugs.
- **MSM/IDU:** Men which report having sex with other men and also inject nonprescription drugs.
- **High-Risk Heterosexual Contact (HRH):**A person reporting heterosexual relations with an injection drug user, a bisexual male (females only), a person with hemophilia/coagulation disorder, or a person with documented HIV infection.
- **Hemophilia:** Individuals receiving clotting factor for hemophilia/coagulation disorder.
- **Blood Transfusion/Organ Transplant:** Individuals who received blood transfusions or organ transplants. Individuals with a transfusion date listed after March 1985 are considered cases of public health importance and are followed to verify the mode of transmission.
- **Perinatal:** Individuals born to a mother with HIV or a mother with an exposure history listed in the transmission category hierarchy.
- **Undetermined/No Identified Risk (NIR):** Individuals reporting no exposure history to HIV through any of the modes listed in the transmission category hierarchy.

Technical Notes

1. Reporting Delays- Delays exist between the time HIV infection is diagnosed and the time the infection is reported to the HIV/AIDS Surveillance Program. As a result of reporting delays, case numbers for the most recent years of diagnosis may not be complete and therefore the data from 2007 are considered provisional and will not be presented in the analysis of trends. The data presented in this report have not been adjusted for reporting delay.

2. Place of Residence- Data are presented based on the residence at the time HIV infection was diagnosed. Therefore, no data are available to determine the number of people who are currently living with HIV infection in Kentucky, but were originally diagnosed in another state. Data presented on living cases reflect those originally diagnosed in Kentucky that are still presumed to be living, regardless of their current residence.

3. Vital Status- Cases are presumed to be alive unless the HIV/AIDS Surveillance Program has received notification of death. Current vital status information for cases is ascertained through routine site visits with major reporting sites, reports of death from providers, reports of death from other states' surveillance programs, and routine matches with Kentucky death certificates.

4. Transmission Category- Despite possible existence of multiple methods through which HIV was transmitted, cases are assigned a single most likely transmission category based on a hierarchy developed by the Centers for Disease Control and Prevention (CDC). See the "Key Terminology" list on page 2 for a description of the transmission categories. A limitation of the dataset is the large number of cases reported with an undetermined transmission category. Currently, surveillance data is collected through hard copy case reports, telephone reports and chart reviews, which sometimes results in missing information. Enhanced surveillance activities have been implemented to attempt to resolve case reports with missing risk factor information.

5. Routine Interstate Duplicate Review (RIDR)- Case duplication between states can occur and has become more of an issue due to the mobility of our society. To help respond to potential duplication problems, the CDC initiated the Interstate Duplication Evaluation Project (IDEP), now called Routine Interstate Duplicate Review (RIDR), in 2004. RIDR compares patient records throughout the nation in order to identify duplicate cases. The states with duplicate cases contact one another to compare patient profiles in order to determine the state to which the case belongs, based on residence during the earliest date of diagnosis. Because of this process, the cumulative number of cases within Kentucky may change, but the process has increased the accuracy of Kentucky's data by reducing the chance that a case has been counted more than once nationally.

6. Small Numbers- Data release limitations are set to ensure that the information cannot be used to inadvertently identify an individual. When the population size for the smallest unit of analysis presented is less than 1,000 and the cell size is less than or equal to five, the specific number will not be released. Information on any geographic region lower than the county level will not be released. Rates will not be released when the numerator is less than 10 cases because of the low reliability of rates based on a small number of cases.

7. Difference between HIV Infection, HIV without AIDS, and concurrent diagnosis of HIV with AIDS- HIV infection includes all individuals diagnosed with the HIV virus regardless of the stage of disease progression. The data are presented based on the date of the first diagnosis reported to the HIV/AIDS Surveillance Program. HIV without AIDS includes individuals that were not diagnosed with AIDS during the same calendar month as the initial HIV diagnosis. Concurrent diagnosis with AIDS includes those newly diagnosed with HIV and AIDS during the same calendar month. See "Key Terminology" on page 2 for a description of how HIV and AIDS are diagnosed.

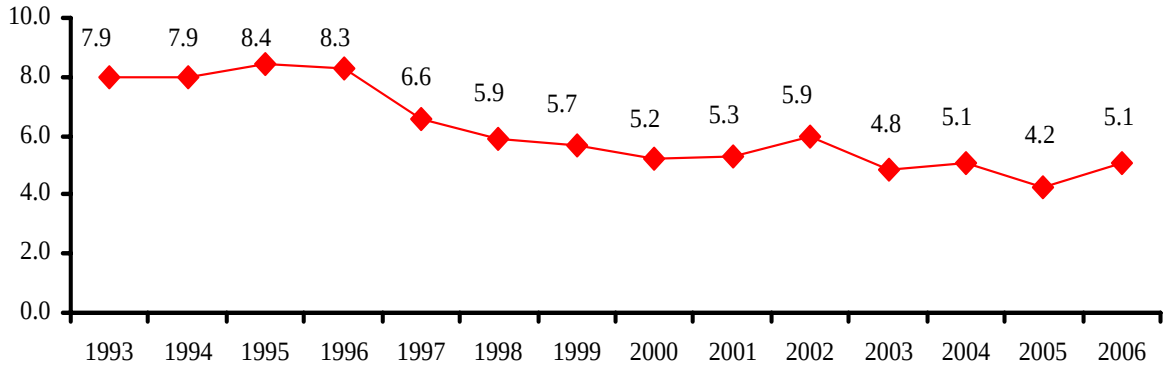
AIDS Cases in Kentucky

As of December 31, 2007, there have been a total of 4,764 AIDS cases reported in Kentucky to the Department for Public Health's HIV/AIDS Surveillance Program since 1982. Of these reported cases, 2,802 are still presumed to be living. In 2006, there were 215 new AIDS cases diagnosed. As of December 31, 2007, 201 new AIDS cases have been diagnosed and reported to the Kentucky HIV/AIDS Surveillance Program for 2007 (Table 1). The annual AIDS diagnosis rate among persons in Kentucky shows a trend by year of diagnosis (Figure 1). The annual AIDS diagnosis rate has remained fairly steady from 2000 to 2006, with slight fluctuations in 2002 and 2005.

Table 1. AIDS Cases by Year of Diagnosis

Year	Year of Diagnosis
1993	303
1994	306
1995	327
1996	324
1997	259
1998	236
1999	228
2000	212
2001	217
2002	243
2003	199
2004	210
2005	176
2006	215
2007	201

Figure 1. Annual AIDS Diagnosis Rates Among Persons Diagnosed in Kentucky, 1993-2006*



*Data are current as of December 31, 2007. However, data for 2007 are considered provisional due to reporting delays and are not presented in trend analysis.

Cumulative AIDS Statistics: Kentucky vs. The United States

Table 2. Kentucky AIDS Cases Cumulative through December 31, 2007

Characteristics	Total Cases	% of AIDS cases[1]
SEX		
Male (adult/adolescent)	4,006	84%
Female (adult/adolescent)	724	15%
Child (<13 yrs)	34	1%
TOTAL	4,764	100%
AGE AT DIAGNOSIS		
<13	34	1%
13-24	257	5%
25-44	3,497	73%
45-64	929	20%
65+	47	1%
TOTAL	4,764	100%
RACE/ETHNICITY		
White, Not Hispanic	3,096	65%
Black, Not Hispanic	1,490	31%
Hispanic	150	3%
Other/Undetermined	28	1%
TOTAL	4,764	100%
TRANSMISSION CATEGORY		
MSM[2]	2,612	55%
IDU[3]	643	13%
MSM/IDU	278	6%
Heterosexual	736	15%
Perinatal	29	1%
Other/Undetermined[4]	466	10%
TOTAL	4,764	101%

(1) Percentages may not always total 100% due to rounding
(2) MSM=Men Having Sex With Men
(3) IDU=Injection Drug Use
(4) Includes hemophilia, blood transfusion, and risk not reported or not identified.

Kentucky's distribution of AIDS cases by age at diagnosis (Table 2) closely parallels that of the U.S. distribution (Table 3). However, compared to U.S. data, the percentage of cases who are white is greater in Kentucky. This could be due to the greater percentage of white persons in Kentucky's general population compared to the U.S. population.

Table 3. Estimated United States AIDS Cases Cumulative through 2006[5]

Characteristics	Total Cases [6]	% of AIDS cases [1]
SEX		
Male (adult/adolescent)	783,786	80%
Female (adult/adolescent)	189,566	19%
Child (<13 yrs)	9,144	1%
TOTAL†	982,496	100%
AGE AT DIAGNOSIS		
<13	9,156	1%
13-24	42,929	4%
25-44	698,733	71%
45-64	216,607	22%
65+	15,074	2%
TOTAL†	982,499	100%
RACE/ETHNICITY		
White, Not Hispanic	394,024	40%
Black, Not Hispanic	409,982	42%
Hispanic	161,505	17%
Other	11,296	1%
TOTAL†	976,807	100%
TRANSMISSION CATEGORY		
MSM[2]	465,965	47%
IDU[3]	244,889	25%
MSM/IDU	68,516	7%
Heterosexual	173,493	18%
Perinatal	8,508	1%
Other/Undetermined	21,125	2%
TOTAL†	982,496	100%

(5) U.S. cases from Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report: HIV Infection and AIDS in the United States*, 2006: 18.
(6) These numbers do not represent actual cases, rather they are point estimates which have been adjusted for reporting delay and for redistribution of cases originally reported with unknown risk.
† Totals among subpopulations may be different because values were calculated independently.

In addition, a greater percentage of Kentucky AIDS cases report their primary mode of exposure to be men having sex with men (MSM) (55%) as compared to U.S. AIDS cases (47%).

Annual AIDS Diagnosis Rate per 100,000(1)
A Comparison of Kentucky to Other States, 2006

Table 4. Annual AIDS Diagnosis Rate by State

Rank	Area of Residence	Rate
1	District of Columbia	146.7
2	Maryland	29.0
3	New York	28.5
4	Florida	27.3
5	Louisiana	19.2
6	Georgia	17.1
7	South Carolina	16.3
8	Pennsylvania	15.2
9	North Carolina	13.9
10	Delaware	13.6
11	Texas	12.8
12	Mississippi	12.5
13	New Jersey	12.2
14	Connecticut	12.0
15	Nevada	11.8
16	Tennessee	11.3
17	California	10.9
18	Illinois	10.8
19	Rhode Island	10.4
20	Alabama	10.0
21	Arkansas	9.0
22	Arizona	8.7
23	Massachusetts	8.3
24	Missouri	8.0
25	Virginia	7.9
26	Oregon	7.6
27	Hawaii	7.2
28	Colorado	6.8
29	Ohio	6.7
30	Nebraska	6.7
31	Michigan	6.7
32	Washington	6.1
33	Oklahoma	5.7
34	Alaska	5.7
35	Indiana	5.5
36	Maine	5.1
37	**Kentucky**	**4.9**
38	New Mexico	4.8
39	Kansas	4.3
40	New Hampshire	4.2
41	Minnesota	4.1
42	Wisconsin	3.9
43	West Virginia	3.7
44	Vermont	2.9
45	Iowa	2.9
46	South Dakota	2.3
47	Utah	2.2
48	Idaho	1.8
49	Wyoming	1.6
50	North Dakota	0.9
51	Montana	0.7

(1) U.S. rates from Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report: HIV Infection and AIDS in the United States, 2006:18*

United States AIDS Diagnosis Rate: 12.7

Table 5. Cumulative and Living AIDS Cases By Area Development District (ADD) and County at Time of Diagnosis

ADD/County	Total AIDS Cases[1]	Living with AIDS
Barren River	**165**	**82**
Allen	11	7
Barren	24	8
Butler	1	1
Edmonson	3	3
Hart	6	4
Logan	18	10
Metcalfe	4	2
Monroe	9	5
Simpson	8	4
Warren	81	38
Big Sandy	**42**	**25**
Floyd	13	10
Johnson	6	2
Magoffin	2	1
Martin	3	3
Pike	18	9
Bluegrass	**916**	**585**
Anderson	9	3
Bourbon	11	6
Boyle	17	14
Clark	20	14
Estill	4	2
Fayette	649	410
Franklin	49	29
Garrard	5	4
Harrison	8	5
Jessamine	23	14
Lincoln	10	6
Madison	40	25
Mercer	16	10
Nicholas	1	1
Powell	6	4
Scott	28	22
Woodford	20	16
Buffalo Trace	**34**	**21**
Bracken	4	3
Fleming	5	3
Lewis	10	6
Mason	15	9
Robertson	0	0
Cumberland Valley	**96**	**60**
Bell	13	10
Clay	19	16
Harlan	11	6
Jackson	4	1
Knox	8	5
Laurel	20	12
Rockcastle	4	2
Whitley	17	8
FIVCO	**84**	**51**
Boyd	52	36
Carter	11	6
Elliott	3	2
Greenup	12	5
Lawrence	6	2
Gateway	**50**	**39**
Bath	4	3
Menifee	2	1
Montgomery	16	16
Morgan	18	10
Rowan	10	9
Green River	**158**	**98**
Daviess	81	51
Hancock	4	3
Henderson	40	28
McLean	3	1
Ohio	10	6
Union	15	7
Webster	5	2

[1] Total cases both living and deceased

Note: Residence at diagnosis missing for 4 cases

Continued on page 8

Table 5. Cumulative and Living AIDS Cases By Area Development District (ADD) and County at Time of Diagnosis continued

ADD/County	Total AIDS Cases[1]	Living with AIDS
Kentucky River	**43**	**28**
Breathitt	4	4
Knott	1	0
Lee	5	4
Leslie	3	1
Letcher	16	10
Owsley	1	1
Perry	10	7
Wolfe	3	1
KIPDA/North Central	**2209**	**1248**
Bullitt	15	9
Henry	11	5
Jefferson	2019	1136
Oldham	128	75
Shelby	26	16
Spencer	4	2
Trimble	6	5
Lake Cumberland	**65**	**40**
Adair	3	2
Casey	2	0
Clinton	5	4
Cumberland	3	3
Green	2	0
McCreary	3	3
Pulaski	31	17
Russell	6	4
Taylor	5	3
Wayne	5	4
Lincoln Trail	**137**	**87**
Breckinridge	9	5
Grayson	10	6
Hardin	78	50
Larue	1	0
Marion	7	5
Meade	15	13
Nelson	14	6
Washington	3	2

ADD/County	Total AIDS Cases[1]	Living with AIDS
Northern Kentucky	**393**	**226**
Boone	55	34
Campbell	80	45
Carroll	6	4
Gallatin	2	1
Grant	14	7
Kenton	229	128
Owen	3	3
Pendleton	4	4
Pennyrile	**189**	**102**
Caldwell	13	8
Christian	72	44
Crittenden	3	3
Hopkins	30	10
Livingston	10	5
Lyon	14	5
Muhlenberg	22	9
Todd	18	12
Trigg	7	6
Purchase	**179**	**106**
Ballard	7	5
Calloway	21	12
Carlisle	1	0
Fulton	6	4
Graves	21	10
Hickman	3	2
Marshall	12	8
McCracken	108	65

[1] Total cases both living and deceased

Note: Residence at diagnosis missing for 4 cases

Table 6. AIDS Cases and Diagnosis Rates by Year of Diagnosis and Area Development District (ADD) of Residence at Time of Diagnosis

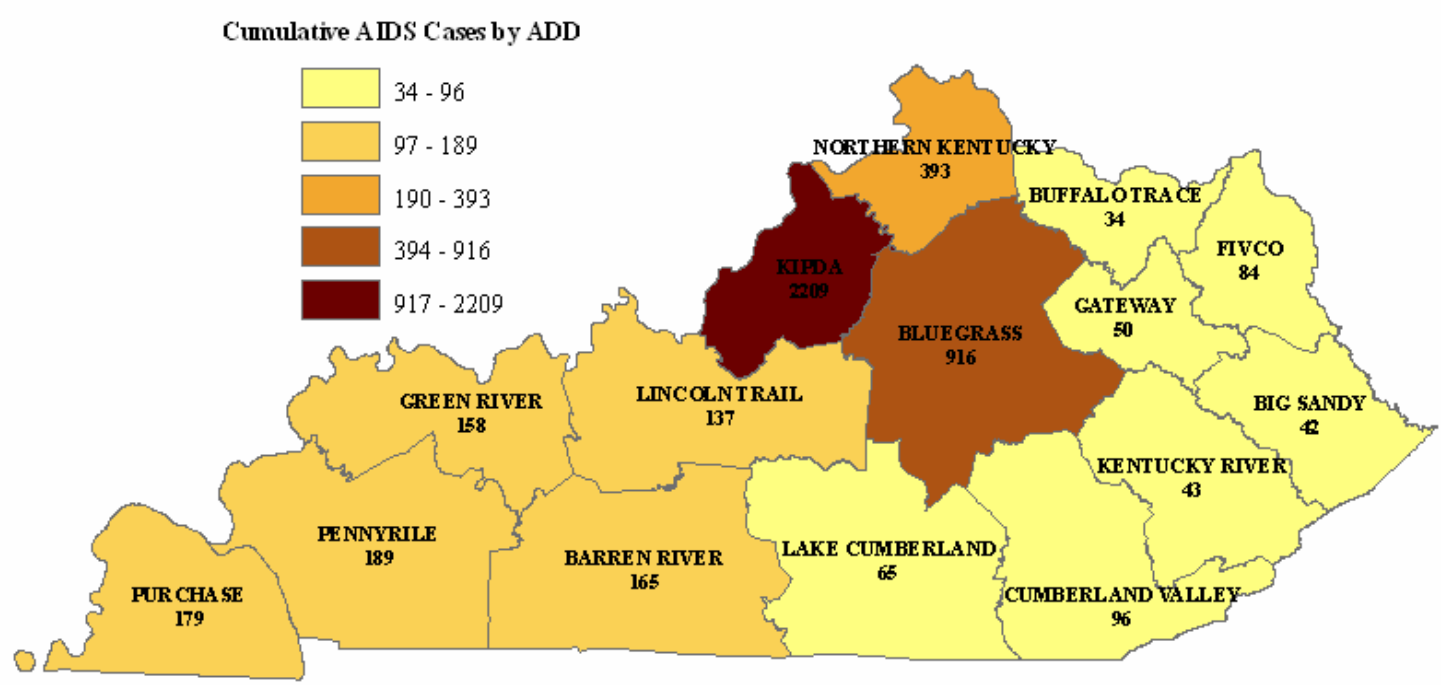
DISTRICT	CASES & RATES[1]	1982-2001	2002	2003	2004	2005	2006	2007	TOTAL CASES[2]	%
1. Purchase	Cases	127	7	12	9	4	11	9	179	4%
	Rate per 100,000			6.2			5.6			
2. Pennyrile	Cases	150	9	8	6	6	5	5	189	4%
	Rate per 100,000									
3. Green River	Cases	117	10	8	8	2	5	8	158	3%
	Rate per 100,000		4.8							
4. Barren River	Cases	116	9	6	11	8	9	6	165	3%
	Rate per 100,000				4.2					
5. Lincoln Trail	Cases	99	8	5	6	6	5	8	137	3%
	Rate per 100,000									
6. KIPDA/	Cases	1634	124	92	90	82	91	96	2209	46%
North Central	Rate per 100,000		14.1	10.3	10.0	9.1	10.0			
7. Northern Kentucky	Cases	295	15	16	26	15	19	7	393	8%
	Rate per 100,000		3.7	3.9	6.3	3.6	4.5			
8. Buffalo Trace	Cases	23	2	1	1	5	0	2	34	1%
	Rate per 100,000									
9. Gateway	Cases	35	4	5	0	2	1	3	50	1%
	Rate per 100,000									
10. FIVCO	Cases	61	2	3	3	2	6	7	84	2%
	Rate per 100,000									
11. Big Sandy	Cases	32	1	3	1	1	0	4	42	1%
	Rate per 100,000									
12. Kentucky River	Cases	29	5	2	0	0	4	3	43	1%
	Rate per 100,000									
13. Cumberland Valley	Cases	72	5	2	4	5	3	5	96	2%
	Rate per 100,000									
14. Lake Cumberland	Cases	46	2	4	2	2	7	2	65	1%
	Rate per 100,000									
15. Bluegrass	Cases	683	40	31	43	36	47	36	916	19%
	Rate per 100,000		5.7	4.4	6.0	5.0	6.4			
TOTAL CASES		**3,519**	**243**	**198**	**210**	**176**	**213**	**201**	**4,760**	**100%**

(1) Rates are only listed for years of diagnosis 2002 - 2006. Data for 2007 are provisional due to reporting delay and are subject to change. Due to the small nubers of AIDS cases reported in some ADDs, please interpret the corresponding rates with caution. Rates are not published when cell size is less than 10.

(2) Total AIDS Cases both Living and Deceased; Total AIDS cases reported are 4,764—4 AIDS case with unknown residential information.

Cumulative AIDS Statistics by Area Development District (ADD)

Figure 2. Cumulative AIDS Cases by Area Development District (ADD) of Residence at Time of Diagnosis through December 31, 2007



The largest number of AIDS cases (n=2,209, 46%) were residing in the KIPDA ADD, which includes the city of Louisville, at the time of diagnosis (Figure 2). The Bluegrass ADD, which includes the city of Lexington, has the second largest number of AIDS cases (n=916, 19%) diagnosed in Kentucky, followed by the Northern Kentucky ADD with the third largest number of AIDS cases (n=393, 8%) diagnosed in Kentucky.

Adult/Adolescent AIDS Cases

Table 7. Adult/Adolescent[1] AIDS Cases by Year of Diagnosis

Characteristics	1982-01	%	2002	%	2003	%	2004	%	2005	%	2006	%	2007[2]	%	Total	%[3]
SEX																
Male	3026	87%	194	80%	151	76%	167	80%	139	79%	169	79%	160	80%	4006	85%
Female	466	13%	47	20%	47	24%	41	20%	36	21%	46	21%	41	20%	724	15%
TOTAL[3]	3492	100%	241	100%	198	100%	208	100%	175	100%	215	100%	201	100%	4730	100%
AGE AT DIAGNOSIS																
13-19	27	1%	1	0%	1	1%	1	0%	1	1%	0	0%	1	0%	32	1%
20-29	658	19%	34	14%	38	19%	33	16%	23	13%	32	15%	31	15%	849	18%
30-39	1623	46%	89	37%	61	31%	74	36%	63	36%	62	29%	70	35%	2042	43%
40-49	863	25%	75	31%	70	35%	79	38%	64	37%	76	35%	65	32%	1292	27%
>49	321	9%	42	17%	28	14%	21	10%	24	14%	45	21%	34	17%	515	11%
TOTAL[3]	3492	100%	241	100%	198	100%	208	100%	175	100%	215	100%	201	100%	4730	100%
RACE/ETHNICITY																
White, Not Hispanic	2384	68%	150	62%	111	56%	122	59%	99	57%	115	53%	101	50%	3082	65%
Black, Not Hispanic	1026	29%	77	32%	72	36%	70	34%	61	35%	82	38%	82	41%	1470	31%
Hispanic	72	2%	11	5%	9	5%	14	7%	13	7%	15	7%	16	8%	150	3%
Other	10	0%	3	1%	6	3%	2	1%	2	1%	3	1%	2	1%	28	1%
TOTAL[3]	3492	100%	241	100%	198	100%	208	100%	175	100%	215	100%	201	100%	4730	100%
TRANSMISSON CATEGORY																
MSM[4]	2041	58%	107	44%	92	46%	104	50%	89	51%	98	46%	81	40%	2612	55%
IDU[5]	474	14%	38	16%	35	18%	33	16%	16	9%	25	12%	22	11%	643	14%
MSM and IDU	223	6%	8	3%	12	6%	18	9%	4	2%	7	3%	6	3%	278	6%
Hemophilia/Blood Disorder	82	2%	1	0%	0	0%	1	0%	0	0%	0	0%	0	0%	84	2%
Heterosexual[6]	473	14%	52	22%	43	22%	37	18%	50	29%	44	20%	37	18%	736	16%
Transfusion/Transplant	36	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	36	1%
Undetermined[7]	163	5%	35	15%	16	8%	15	7%	16	9%	41	19%	55	27%	341	7%
TOTAL[3]	3492	100%	241	100%	198	100%	208	100%	175	100%	215	100%	201	100%	4730	100%

(1) Cases are classified as Adult/Adolescent if they are 13 years of age or older at time of diagnosis.

(2) Data for 2007 are provisional due to reporting delays.

(3) Percentages may not total 100% due to rounding.

(4) MSM = Men Having Sex With Men

(5) IDU = Injection Drug Use

(6) "Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

(7) "Undetermined" refers to persons whose mode of exposure to HIV is unknown. This includes persons who are under investigation, deceased, lost to invesitgation, refused interview, and persons whose mode of exposure remains undetermined after investigation.

Adult/Adolescent AIDS Cases

Table 8. Cumulative Adult/Adolescent[1] AIDS Cases By Transmission Category, Race/Ethnicity, and Sex through December 31, 2007

		White, Not Hispanic		Black, Not Hispanic		Hispanic		Other		TOTAL	
	Transmission Category	No.	%	No.	%	No.	%	No.	%	No.	%[2]
MALE	MSM[3]	2020	74%	533	48%	48	41%	11	55%	2612	65%
	IDU[4]	189	7%	233	21%	29	25%	7	35%	458	11%
	MSM and IDU	180	7%	92	8%	6	5%	0	0%	278	7%
	Hemophilia/Coagulation Disorder	74	3%	8	1%	0	0%	0	0%	82	2%
	Heterosexual[5]	139	5%	141	13%	14	12%	1	5%	295	7%
	Transfusion/Transplant	18	1%	4	0%	0	0%	0	0%	22	1%
	Undetermined[6]	128	5%	109	10%	21	18%	1	5%	259	6%
	TOTAL	**2748**	**100%**	**1120**	**100%**	**118**	**100%**	**20**	**100%**	**4006**	**100%**
FEMALE	IDU[4]	82	25%	94	27%	8	25%	1	13%	185	26%
	Hemophilia/Coagulation Disorder	2	1%	0	0%	0	0%	0	0%	2	0%
	Heterosexual[5]	202	60%	211	60%	22	69%	6	75%	441	61%
	Transfusion/Transplant	11	3%	3	1%	0	0%	0	0%	14	2%
	Undetermined[6]	37	11%	42	12%	2	6%	1	13%	82	11%
	TOTAL	**334**	**100%**	**350**	**100%**	**32**	**100%**	**8**	**100%**	**724**	**100%**

(1) Cases are classified as Adult/Adolescent if they are 13 years of age or older at time of diagnosis.

(2) Percentages may not total to 100 due to rounding.

(3) MSM = Men Having Sex With Men

(4) IDU = Injection Drug Use

(5) "Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

(6) "Undetermined" refers to persons whose mode of exposure to HIV is unknown. This includes persons who are under investigation, dead, lost to investigation, refused interview, and persons whose mode of exposure remain undetermined after investigation.

Pediatric AIDS Cases

Table 9. Cumulative Pediatric[1] AIDS Cases By Risk and Race/Ethnicity through December 31, 2007

Transmission Category	White, Not Hispanic		Black, Not Hispanic		Other		TOTAL	
	No.	%	No.	%	No.	%	No.	%[2]
Hemophilia/Coagulation Disorder	3	21%	1	5%	0	0%	4	12%
Perinatal	10	71%	19	95%	0	0%	29	85%
Transfusion	1	7%	0	0%	0	0%	1	3%
TOTAL	**14**	**100%**	**20**	**100%**	**0**	**0%**	**34**	**100%**

(1) Cases are classified as Pediatric if they are less than 13 years of age at time of diagnosis.

(2) Percentages may not total to 100 due to rounding.

Table 10. Pediatric[1] AIDS Cases by Year of Diagnosis

Transmission Category	1982-01	%	2002	%	2003	%	2004	%	2005	%	2006	%	2007[2]	%	Total	%[3]
Hemophilia/ Coagulation Disorder	4	14%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	4	12%
Perinatal	23	82%	2	100%	1	100%	2	100%	1	100%	0	0%	0	0%	29	85%
Transfusion/ Transplant	1	4%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%
Total	**28**	**100%**	**2**	**100%**	**1**	**100%**	**2**	**100%**	**1**	**100%**	**0**	**NA**	**0**	**NA**	**34**	**100%**

(1) Cases are classifed as Pediatric if they are less than 13 years of age at time of diagnosis.

(2) Data for 2007 are provisional due to reporting delays.

(3) Percentages may not total 100 due to rounding.

Overall, there have been 34 pediatric AIDS cases reported to the Kentucky HIV/AIDS surveillance program (Table 9 and Table 10). Twenty-eight of these cases (82%) were diagnosed prior to 2002. The majority of pediatric cases were reported due to perinatal transmission (n= 29, 85%), 4 were reported with their primary mode of exposure due to hemophilia or coagulation disorders, and 1 was reportedly due to transfusion or transplantation (Table 10). Since 1989 there have been no pediatric cases diagnosed which reported hemophilia or coagulation disorders as the mode of exposure. The only pediatric case to report transfusion or transplantation as the risk factor was diagnosed in 1988. There have been no pediatric cases due to perinatal transmission diagnosed since 2005.

Cumulative AIDS Cases

Table 11. Cumulative[1] AIDS Cases By Age at Diagnosis, Race/Ethnicity, and Sex through December 31, 2007

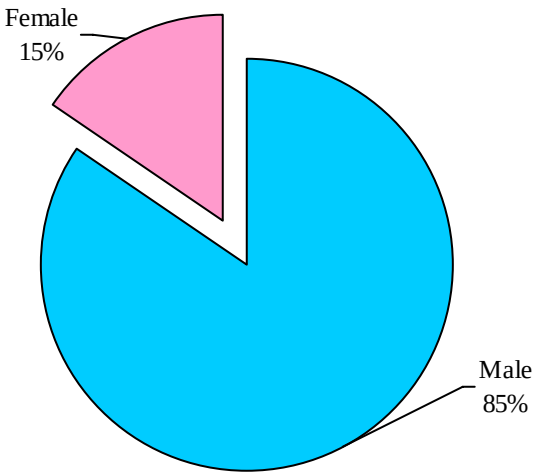
		White, Not Hispanic		Black, Not Hispanic		Hispanic		Other		TOTAL	
	Age Group	No.	%	No.	%	No.	%	No.	%	No.	%[2]
MALE	<13	7	≤1%	14	1%	0	0%	0	0%	21	1%
	13-19	17	1%	7	1%	2	2%	0	0%	26	1%
	20-29	455	17%	198	17%	37	31%	2	10%	692	17%
	30-39	1219	44%	462	41%	54	46%	9	45%	1744	43%
	40-49	753	27%	333	29%	17	14%	9	45%	1112	28%
	>49	304	11%	120	11%	8	7%	0	0%	432	11%
	TOTAL[2]	**2755**	**100%**	**1134**	**100%**	**118**	**100%**	**20**	**100%**	**4027**	**100%**
FEMALE	<13	7	2%	6	2%	0	0%	0	0%	13	2%
	13-19	4	1%	2	1%	0	0%	0	0%	6	1%
	20-29	72	21%	69	19%	13	41%	3	38%	157	21%
	30-39	136	40%	152	43%	8	25%	2	25%	298	40%
	40-49	79	23%	92	26%	7	22%	2	25%	180	24%
	>49	43	13%	35	10%	4	13%	1	13%	83	11%
	TOTAL[2]	**341**	**100%**	**356**	**100%**	**32**	**100%**	**8**	**100%**	**737**	**100%**

(1) Includes both Adult/Adolescent and Pediatric AIDS cases.

(2) Percentages may not total 100 due to rounding.

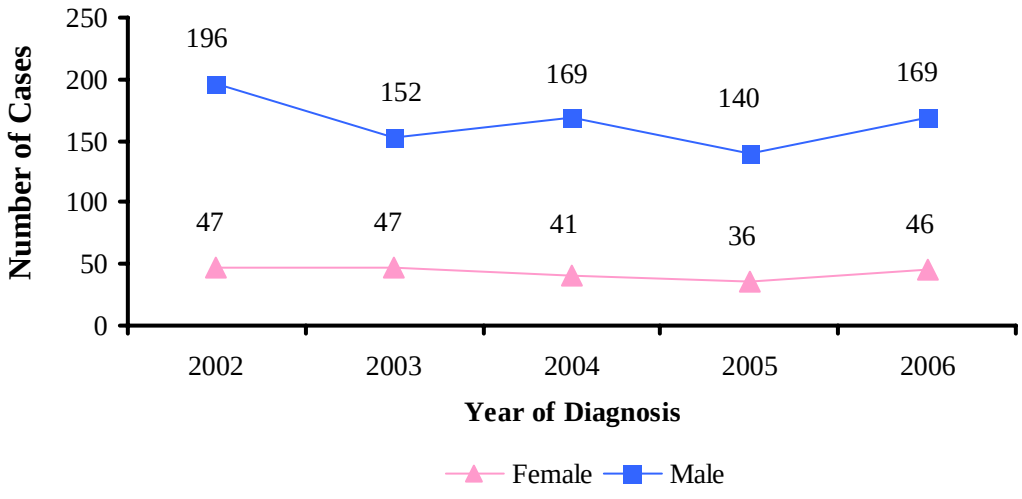
AIDS Cases in Kentucky by Sex

Figure 3. Percentage of Cumulative Kentucky AIDS Cases by Sex as of December 31, 2007



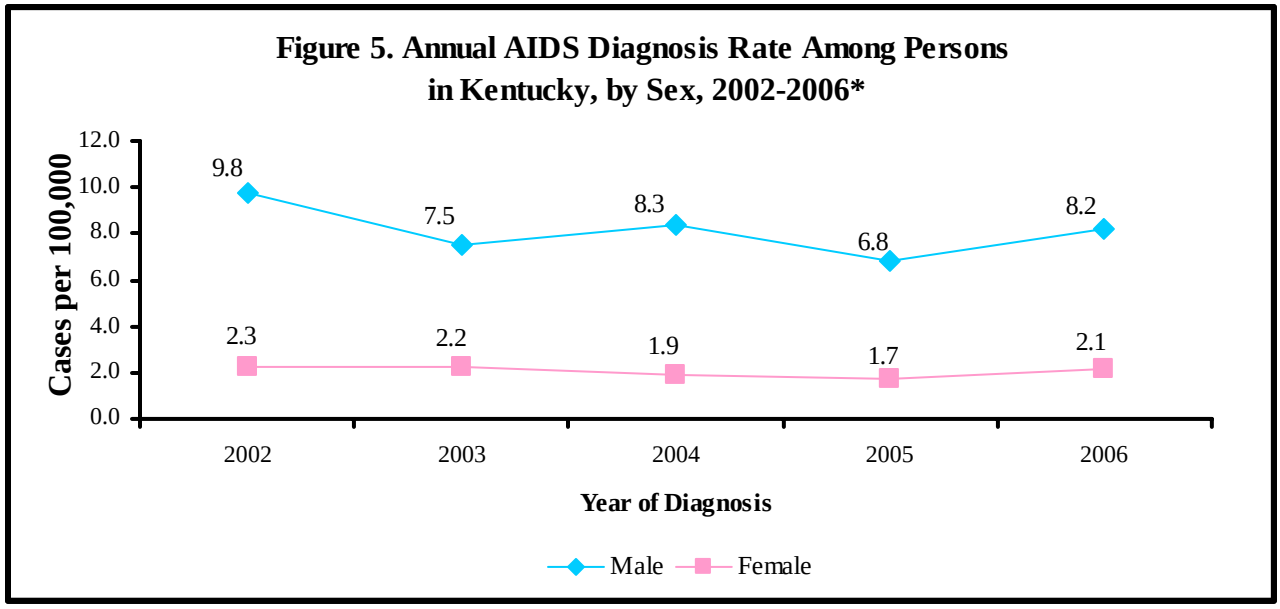
N=4,764

Figure 4. Kentucky AIDS Cases by Sex and Year of Diagnosis, 2002-2006*



*Data for 2007 are provisional due to reporting delays and are not used in trend analysis; all data are subject to change due to reporting delays.

AIDS Diagnosis Rates in Kentucky by Sex

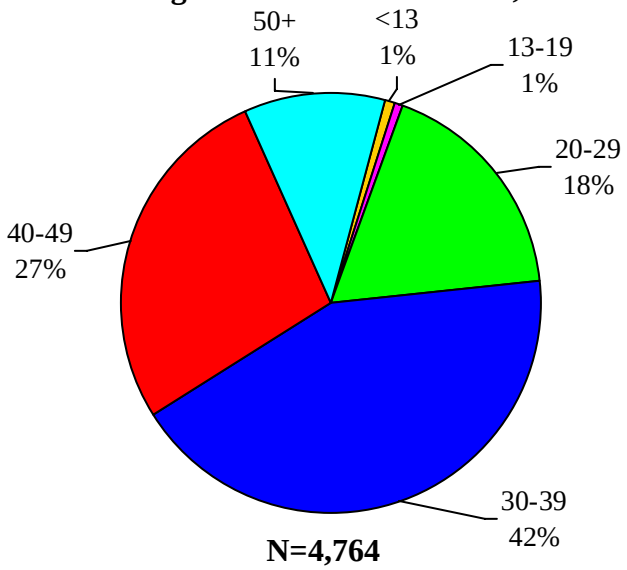


*Data for 2007 are provisional due to reporting delays and are not used in trend analysis; all data are subject to change due to reporting delays.

Males represent the majority (85%) of total AIDS cases reported in Kentucky (Figure 3). On average from 2002 to 2006, the AIDS diagnosis rate among males has been approximately four times higher than for females (Figure 5). The number of male AIDS cases diagnosed and the diagnosis rate has fluctuated from 2002 to 2006 (Figure 4 and Figure 5). The female AIDS incidence rate has remained fairly steady from 2002 to 2006, with a slight decrease seen in 2004 and 2005. These trends will continue to be monitored as data become available.

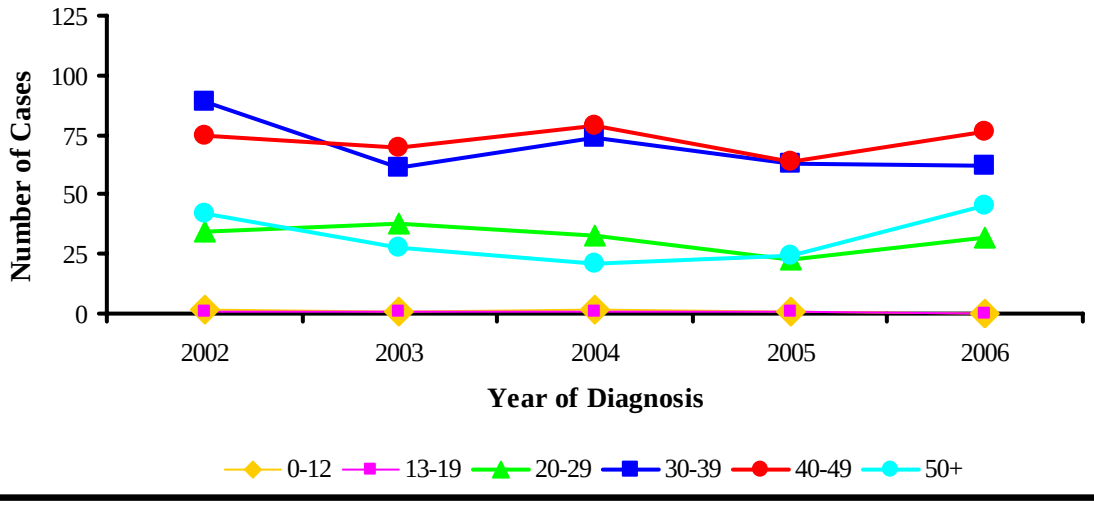
AIDS Cases in Kentucky by Age at Diagnosis

Figure 6. Percentage of Cumulative Kentucky AIDS Cases by Age at Diagnosis as of December 31, 2007



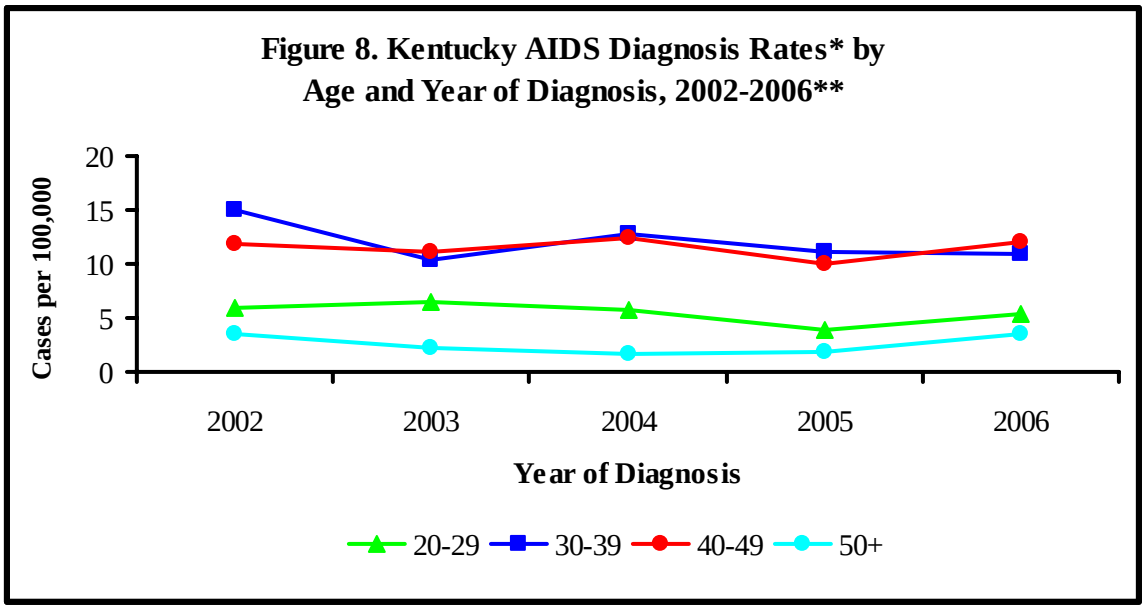
N=4,764

Figure 7. Annual AIDS Cases Among Persons in Kentucky by Age at Diagnosis, 2002-2006*



*Data for 2007 are provisional due to reporting delays and are not used in trend analysis; all data are subject to change due to reporting delays.

AIDS Cases in Kentucky by Age at Diagnosis



*Due to the small numbers of AIDS cases reported, rates are not presented for age groups 0-12 and 13-19 years old.
**Data for 2007 are provisional due to reporting delays and are not used in trend analysis; all data are subject to change due to reporting delays.

Cumulatively, the largest percentage of AIDS cases were diagnosed in their 30's (42%), followed by those in their 40's (27%) (Figure 6). The number of AIDS cases diagnosed in those less than 20 years of age has remained low from 2002 to 2006 (Figure 7). The AIDS diagnosis rate has been highest among those in their 30's and 40's from 2002 to 2006 (Figure 8). The slight increase in the diagnosis rates for all age categories from 2005 to 2006 may be due to increased surveillance activities initiated in 2006. The mean age for diagnosed AIDS cases has remained approximately 39 years old from 2002 to 2005, with an increase to 41 years of age in 2006 (Table 12). The highest age at diagnosis between 2002 and 2006 was 73 years of age, which occurred in 2006.

Table 12. Age at Reported AIDS Diagnosis, Kentucky 2002-2006

Year	Highest Age	Lowest Age	Mean Age
2002	68	1	39.7
2003	70	6	38.7
2004	69	<1	38.2
2005	67	10	39.7
2006	73	20	41.0

AIDS Cases in Kentucky by Transmission Category

Figure 9. Percentage of Cumulative Kentucky Adult/Adolescent AIDS Cases by Transmission Category through December 31, 2007

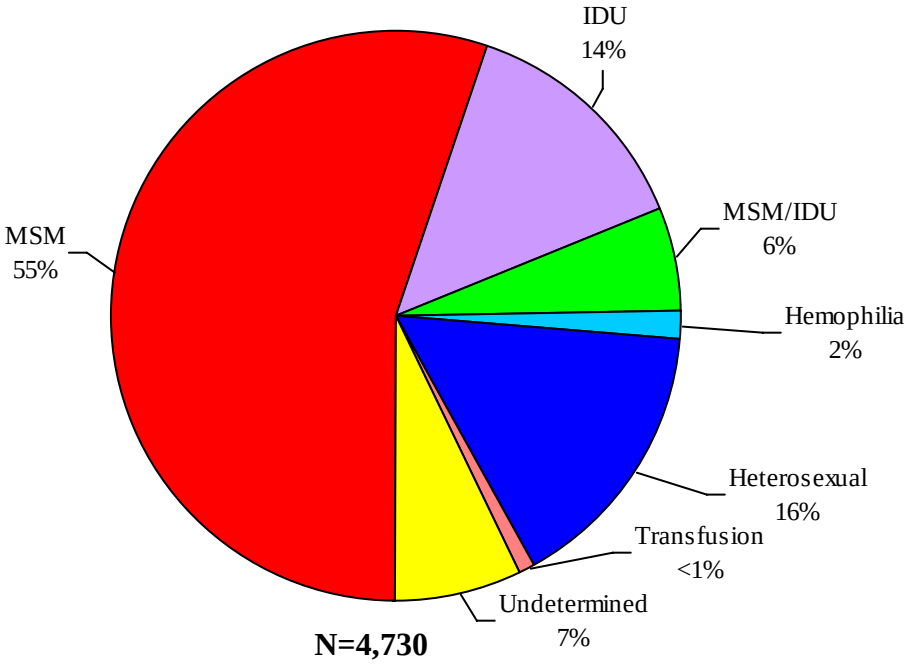


Table 13. Cumulative Kentucky Adult/Adolescent AIDS Cases by Transmission Category

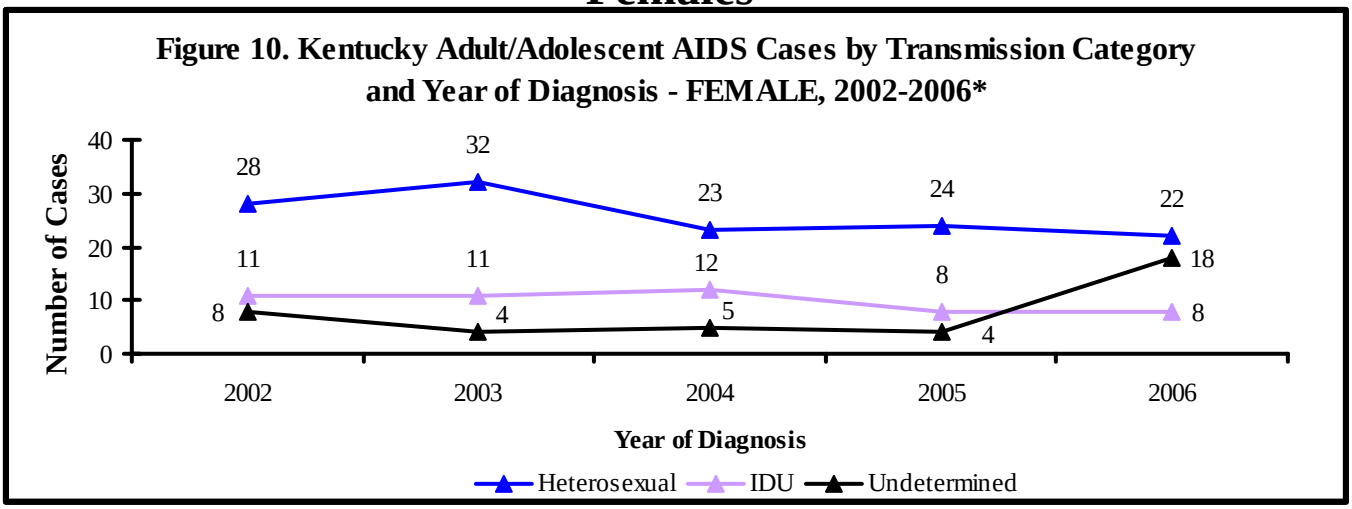
Transmission Category	N
MSM	2612
IDU	643
MSM/IDU	278
Hemophilia	84
Heterosexual	736
Transfusion	36
Undetermined	341
Total	4730

In Kentucky, 55% of cumulative adult/adolescent AIDS cases identified their primary transmission category as men who have sex with men (MSM), as shown in Figure 9. Fourteen percent of adult/adolescent AIDS cases reported their primary transmission category as injection drug use (IDU), and 16% reported heterosexual contact. Six percent of Kentucky adult/adolescent AIDS cases reported both MSM and IDU as the primary transmission category. Cumulative adult/adolescent AIDS case numbers for each mode of exposure are displayed in Table 13.

AIDS Cases in Kentucky by Transmission Category and Sex

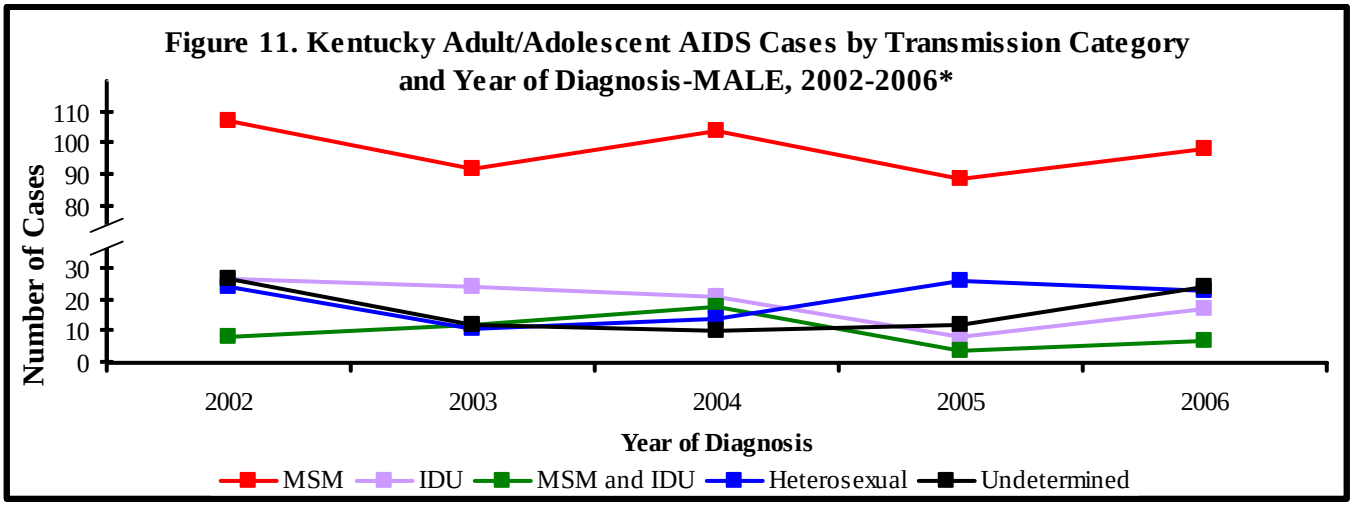
Females

Figure 10. Kentucky Adult/Adolescent AIDS Cases by Transmission Category and Year of Diagnosis - FEMALE, 2002-2006*



Males

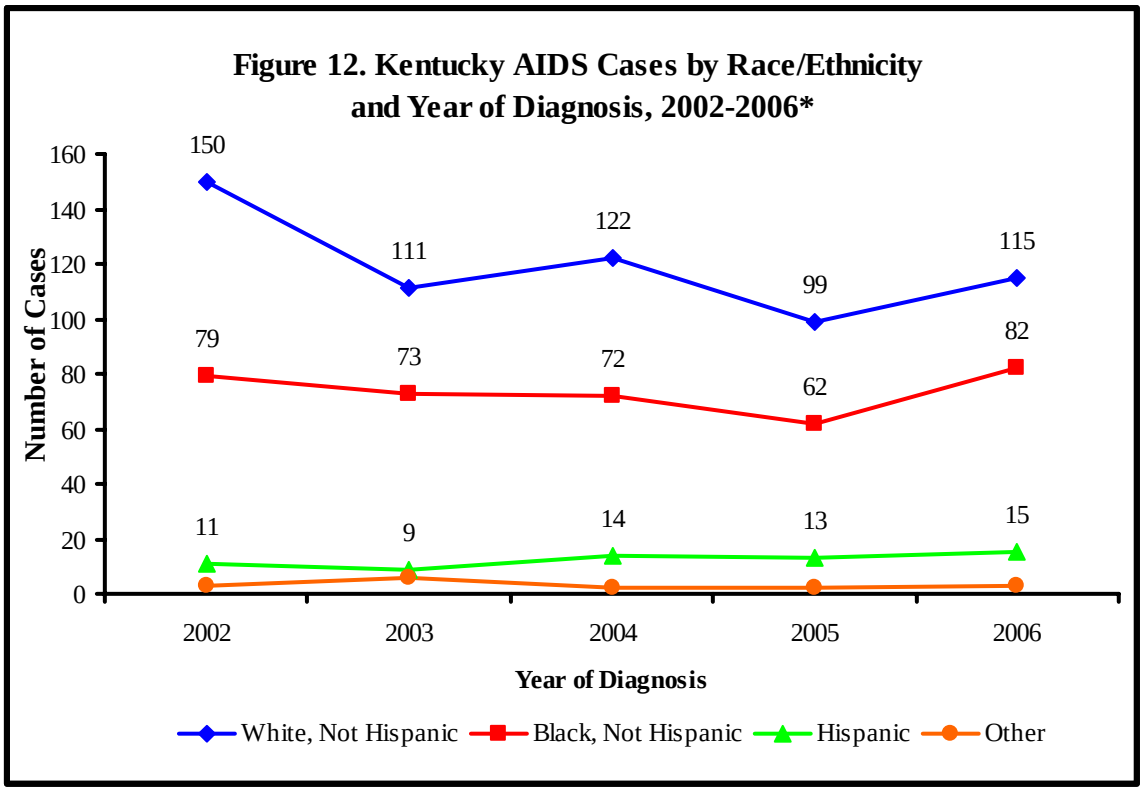
Figure 11. Kentucky Adult/Adolescent AIDS Cases by Transmission Category and Year of Diagnosis-MALE, 2002-2006*



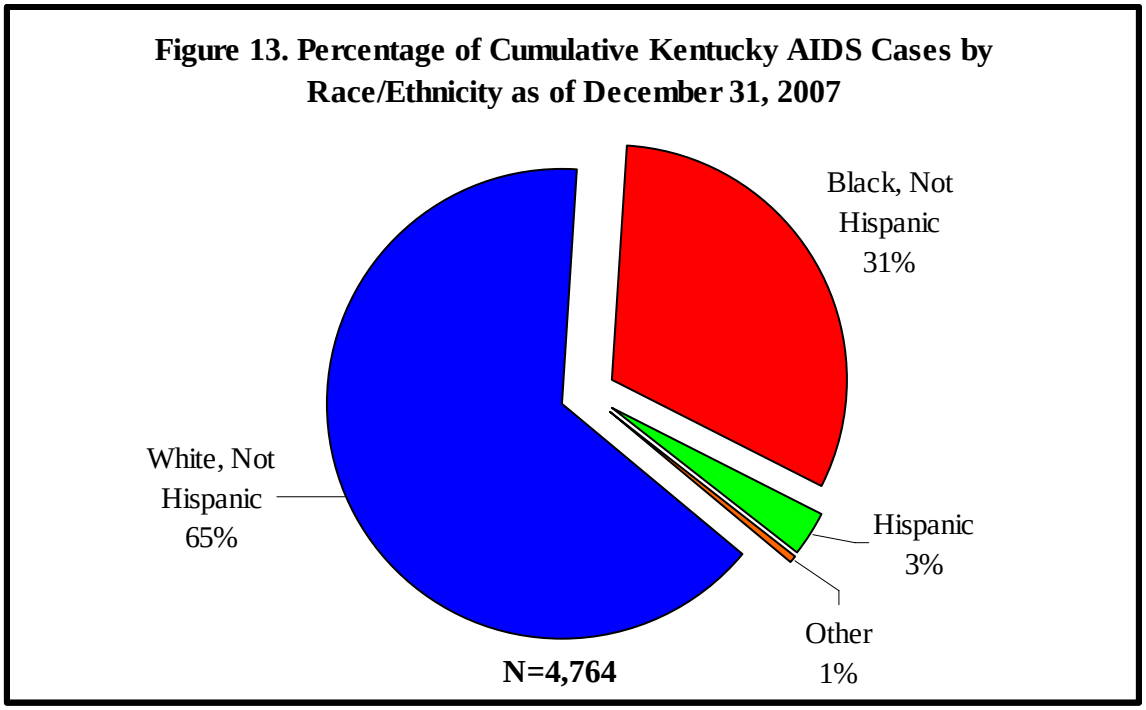
*Data for 2007 are provisional due to reporting delays and are not used in trend analysis; data are subject to change due to reporting delays.

Figure 10 and Figure 11 show female and male Kentucky adult/adolescent AIDS cases by transmission category and year of diagnosis. The number of cases among females reporting heterosexual contact as the mode of transmission decreased from 2003 to 2004, and remained fairly steady from 2004 to 2006 (Figure 10). Also, the number of female cases reporting IDU as their primary mode of transmission decreased from 2004 to 2005. In Figure 11 for adult/adolescent males, please note the break in the y-axis for the number of cases diagnosed. Among males, MSM's account for the largest number of cases diagnosed each year from 2002 to 2006. The number of males reporting IDU as their primary mode of transmission decreased from 2002 to 2005, and then increased in 2006. The number of cases among males attributed to heterosexual contact increased from 2003 to 2005. Among both females and males the number of cases with an undetermined transmission category increased in 2006.

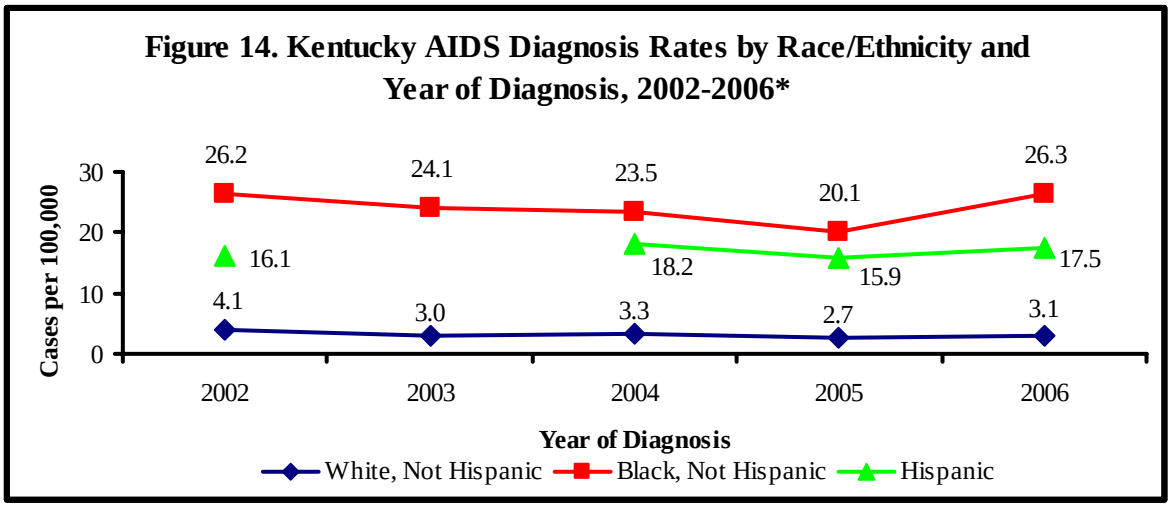
AIDS Cases in Kentucky by Race/Ethnicity



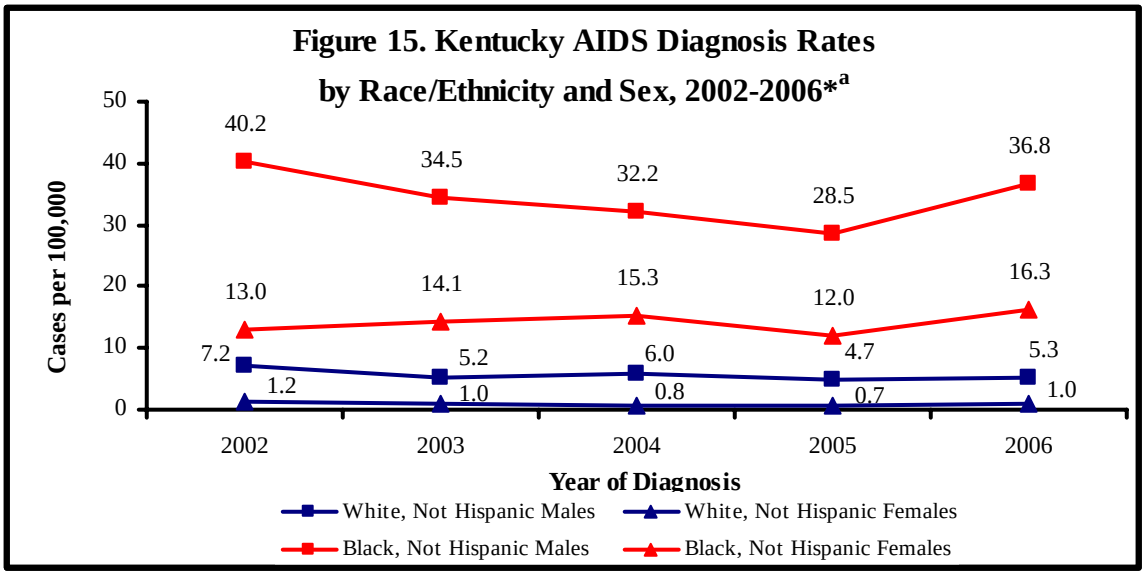
*Data for 2007 are provisional due to reporting delays and are not used in trend analysis; all data are subject to change due to reporting delays.



AIDS Diagnosis in Kentucky by Race/Ethnicity



*Data in 2007 are provisional due to reporting delays and are not used in trend analysis.
Note: The diagnosis rate for Hispanics in 2003 is not presented because the number of cases diagnosed was less than 10.



*Data in 2007 are provisional due to reporting delays and are not used in trend analysis.
[a] Rates for Hispanic cases by sex are not presented due to the small number of cases reported.

On average from 2002-2006, the AIDS diagnosis rate for blacks was approximately seven times higher than for whites, and five times higher for Hispanics than for whites in Kentucky (Figure 14). The diagnosis rate among black males has steadily decreased between 2002 and 2005 (Figure 15). The diagnosis rate among both black males and females increased from 2005 to 2006. This trend will continue to be monitored. The diagnosis rates among white males and females have remained fairly steady from 2002 to 2006 (Figure 15).

AIDS Mortality Rates in Kentucky

Table 14. Kentucky AIDS Deaths 2005 - All Ages

	White, Not Hispanic			Black, Not Hispanic			Hispanic			Total		
	Deaths	Rate*	Rank	Deaths	Rate*	Rank	Deaths	Rate*	Rank	Deaths	Rate*	Rank
Male	28	1.6	25th	21	13.9	10th	0			49	2.4	22nd
Female	7	0.4	30th	4	2.5	20th	1	2.9	15th**	12	0.6	30th
Total	35	0.9	29th	25	8.1	14th	1	1.2	17th	61	1.5	24th

Table 15. Kentucky AIDS Deaths 2005 - Age Group 25-44

	White, Not Hispanic			Black, Not Hispanic			Hispanics			Total		
	Deaths	Rate*	Rank	Deaths	Rate*	Rank	Deaths	Rate*	Rank	Deaths	Rate*	Rank
Male	14	2.7	8th	8	18.3	5th	0			22	3.8	8th
Female	5	1.0	12th	2	4.4	8th	1	8.4	2nd**	8	1.4	12th
Total	19	1.7	11th	10	11.2	5th	1	3.2	7th	30	2.6	10th

Data Source: Office of Vital Statistics, Kentucky Department for Public Health/Cabinet for Health & Family Services

* Rate per 100,000 population

**Tied with two other causes of death

In 2005, AIDS was the 24th leading cause of death for all Kentuckians (Table 14). AIDS was the 14th leading cause of death among blacks, 17th among Hispanics, and 29th among whites in Kentucky. For black males of any age in Kentucky, AIDS ranked as the 10th leading cause of death.

In 2005, among Kentuckians ages 25-44, AIDS was the 10th leading cause of death (Table 15). Among those ages 25-44, AIDS ranked as the 5th leading cause of death for black males, 8th among white males, 8th among black females, and 12th among white females. Among Hispanic females ages 25-44, AIDS tied as the 2nd leading cause of death with two other causes. In 2005, for blacks age 25-44 years, the AIDS death rate was approximately six times higher than the white AIDS death rate in this age group.

Overall, 41% of those reported with AIDS have died since the beginning of the epidemic in Kentucky (Table 16).

Table 16. Kentucky AIDS Cases(1)
Living and Deceased as of December 31, 2007

Diagnosis Year	Total Cases	Living	Deceased	Mortality(1)
1982	3	0	3	100%
1983	7	0	7	100%
1984	15	0	15	100%
1985	31	1	30	97%
1986	36	1	35	97%
1987	65	5	60	92%
1988	121	6	115	95%
1989	161	17	144	89%
1990	175	24	151	86%
1991	215	33	182	85%
1992	279	59	220	79%
1993	303	89	214	71%
1994	306	126	180	59%
1995	327	187	140	43%
1996	324	219	105	32%
1997	259	188	71	27%
1998	236	169	67	28%
1999	228	180	48	21%
2000	212	166	46	22%
2001	217	183	34	16%
2002	243	206	37	15%
2003	199	179	20	10%
2004	210	200	10	5%
2005	176	161	15	9%
2006	215	209	6	3%
2007	201	194	7	3%
TOTAL*	**4764**	**2802**	**1962**	**41%**

(1) The percentage of AIDS cases diagnosed in a year which are now deceased based on information received through December 31, 2007.

AIDS Case Fatality Rates

Table 17. Kentucky AIDS Case Fatality Rate Five Years Following AIDS Diagnosis

		Status 5 Years Following AIDS Diagnosis		
Diagnosis Year	**Total Cases**	**Living**	**Deceased**	**Case Fatality Rate[(1)]**
1982	3	0	3	100%
1983	7	1	6	86%
1984	15	1	14	93%
1985	31	3	28	90%
1986	36	4	32	89%
1987	65	10	55	85%
1988	121	12	109	90%
1989	161	33	128	80%
1990	175	30	145	83%
1991	215	47	168	78%
1992	279	78	201	72%
1993	303	116	187	62%
1994	306	156	150	49%
1995	327	213	114	35%
1996	324	250	74	23%
1997	259	206	53	20%
1998	236	177	59	25%
1999	228	186	42	18%
2000	212	166	46	22%
2001	217	183	34	16%
2002	243	207	36	15%
TOTAL	**3763**	**2079**	**1684**	**45%**

(1) Proportion of AIDS cases that died within 5 years of AIDS diagnosis.

Table 17 examines the proportion of individuals that died within five years of their AIDS diagnosis (i.e., case fatality rate). For example, of the 212 individuals that were diagnosed with AIDS in 2000, 46 (22%) died within five years of their diagnosis. Table 17 shows a decline in case fatality rates over time. This is likely due to an increased understanding of the virus, which has resulted in new medical monitoring techniques and improved treatment strategies, such as antiretroviral therapy.

HIV Infections Diagnosed in Kentucky

Notes to the Reader:

- Only cases first diagnosed in the first full year of confidential name-based HIV reporting (2005) or later are included in this section
- Trend data will not be presented at this time due to the limited number of years available for analysis.
- As with AIDS data, reporting delays also exist for the HIV data, especially in the most recent years.
- The data presented in this section on HIV Infections should **not** be compared directly to the cumulative AIDS data presented in the previous section because unlike the cumulative AIDS data, the HIV data only extends over a period of three years.

Table 18. Kentucky HIV Diagnoses, 2005-2007

	Total HIV Diagnoses	Without AIDS		Concurrent with AIDS Diagnosis	
Year of Diagnosis	**N**	**N**	**%**	**N**	**%**
2005	338	256	76%	82	24%
2006	347	260	75%	87	25%
2007	327	248	76%	79	24%
Total	**1012**	**764**	**75%**	**248**	**25%**

Between 2005 and 2007 there have been a total of 1,012 HIV infections reported in Kentucky (Table 18). Of these cases, 25% were concurrently diagnosed with AIDS during the same calendar month as the initial HIV diagnosis. The number of new HIV infections diagnosed between 2005 and 2007 and the proportion of concurrent diagnoses has remained fairly steady. The slightly lower number of HIV infections in 2007 is likely due to reporting delays.

Table 19 (page 26) examines the distribution of HIV infections among individuals diagnosed between 2005 and 2007 by sex, age at diagnosis, race/ethnicity, transmission category, and stage of disease progression at time of diagnosis. Among those diagnosed with HIV infection between 2005 and 2007, 80% were male. There were no differences in the distribution by sex between HIV without AIDS cases and cases concurrently diagnosed with HIV and AIDS. Eighty-three percent of all HIV infections diagnosed in this time period were among individuals 20-49 years of age. There were differences in the distribution of age at diagnosis between HIV without AIDS cases and cases concurrently diagnosed. For example, although individuals diagnosed between 40-49 years of age made up 26% of the cases diagnosed with HIV without AIDS, this age group represented 38% of all cases concurrently diagnosed with AIDS. In comparison, individuals diagnosed between 20-29 years of age represented 28% of the HIV without AIDS diagnoses, but only represented 14% of all cases concurrently diagnosed with AIDS. Whites represented 55% of all diagnosed HIV infections. Unlike other races, Hispanics made up a larger proportion (10%) of the concurrently diagnosed cases than their proportion (6%) among individuals diagnosed with HIV without AIDS. There are a large number of cases with an undetermined transmission category, which makes it difficult to interpret the distribution of cases.

HIV Diagnoses in Kentucky by Selected Characteristics, 2005-2007

Table 19. Kentucky HIV Diagnoses by Sex, Age at Diagnosis, Race/Ethnicity, and Tranmission Category, 2005-2007

	Total HIV Diagnoses		Without AIDS		Concurrent with AIDS Diagnosis	
Characteristics	**N**	**%**[1]	**N**	**%**[1]	**N**	**%**[1]
SEX						
Male	811	80%	615	80%	196	79%
Female	201	20%	149	20%	52	21%
AGE AT DIAGNOSIS						
<13	8	1%	7	1%	1	0%
13-19	45	4%	45	6%	0	0%
20-29	250	25%	216	28%	34	14%
30-39	292	29%	219	29%	73	29%
40-49	293	29%	198	26%	95	38%
>49	124	12%	79	10%	45	18%
RACE/ETHNICITY						
White, Not Hispanic	560	55%	430	56%	130	52%
Black, Not Hispanic	363	36%	274	36%	89	36%
Hispanic	64	6%	38	5%	26	10%
Other	19	2%	16	2%	3	1%
Unknown	6	1%	6	1%	0	0%
TRANSMISSON CATEGORY						
MSM[2]	473	47%	378	49%	95	38%
IDU[3]	72	7%	48	6%	24	10%
MSM and IDU	24	2%	18	2%	6	2%
Heterosexual[4]	176	17%	121	16%	55	22%
Perinatal	6	1%	5	1%	1	0%
Undetermined[5]	261	26%	194	25%	67	27%
TOTAL	**1012**	**100%**	**764**	**100%**	**248**	**100%**

(1) Percentages may not total to 100 due to rounding.

(2) MSM = Men Having Sex With Men

(3) IDU = Injection Drug Use

(4) "Heterosexual" includes persons who have had heterosexual contact with a person with HIV or at risk for HIV.

(5) "Undetermined" refers to persons whose mode of exposure to HIV is unknown. This includes persons who are under investigation, dead, lost to investigation, refused interview, and persons whose mode of exposure remain undetermined after investigation.

HIV Diagnoses in Kentucky by Selected Characteristics, 2005-2007

Table 20. Kentucky HIV Diagnoses by Sex, Age at Diagnosis, and Race/Ethnicity, 2005-2007

		White, Not Hispanic		Black, Not Hispanic		Hispanic		Other		Unknown		Total	
	Age Group	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
MALE	<13	2	0%	3	1%	0	0%	0	0%	0	0%	5	1%
	13-19	9	2%	23	9%	0	0%	2	14%	1	20%	35	4%
	20-29	101	21%	71	26%	18	37%	3	21%	0	0%	193	24%
	30-39	147	31%	62	23%	24	49%	4	29%	2	40%	239	29%
	40-49	163	34%	69	26%	5	10%	5	36%	1	20%	243	30%
	>49	51	11%	42	16%	2	4%	0	0%	1	20%	96	12%
	Total	**473**	**100%**	**270**	**100%**	**49**	**100%**	**14**	**100%**	**5**	**100%**	**811**	**100%**
FEMALE	<13	1	1%	2	2%	0	0%	0	0%	0	0%	3	1%
	13-19	5	6%	3	3%	0	0%	2	40%	0	0%	10	5%
	20-29	23	26%	25	27%	7	47%	1	20%	1	100%	57	28%
	30-39	24	28%	24	26%	5	33%	0	0%	0	0%	53	26%
	40-49	22	25%	25	27%	2	13%	1	20%	0	0%	50	25%
	>49	12	14%	14	15%	1	7%	1	20%	0	0%	28	14%
	Total	**87**	**100%**	**93**	**100%**	**15**	**100%**	**5**	**100%**	**1**	**100%**	**201**	**100%**

Table 20 examines the distribution of HIV infections among individuals diagnosed between 2005 and 2007 within race/ethnicity categories by sex and age at diagnosis. Caution should be taken when interpreting the data for the Other and Unknown race/ethnicity categories as the number of cases is small. There are differences in the distribution of age at HIV diagnosis among race/ethnicity categories and by sex. For example, a greater proportion of both Hispanic males and females were diagnosed between the ages of 20-29 and 30-39 compared to other race/ethnicity categories. Among Hispanics, the proportion of individuals diagnosed between the ages of 30-39 was greater among males (49%) compared to females (33%).

HIV Infections by Area Development District (ADD)

Figure 16. HIV Diagnoses by Area Development District (ADD) of Residence at Time of Diagnosis, 2005-2007

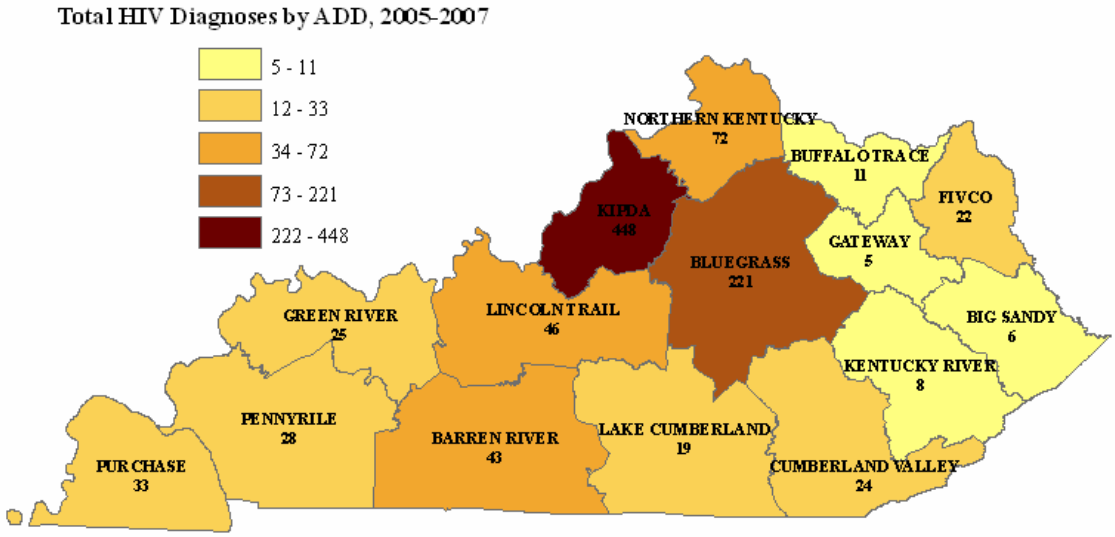


Figure 16 examines the total number of HIV infections diagnosed between 2005 and 2007 by ADD. The labels on the map represent the total number of HIV infections, regardless of disease progression status in each ADD. The largest number of cases (n=448, 44%) diagnosed in this three year period were residing in the KIPDA ADD, which includes the city of Louisville. The second largest number of cases (n=221, 22%) were residents of the Bluegrass ADD at the time of diagnosis. The smallest number of HIV infections diagnosed and reported during this three-year period occurred in the ADD's located in eastern Kentucky.

Figure 17. Percent of HIV Infections Reporting Concurrent Diagnoses with AIDS by Area Development District (ADD) of Residence at Time of Diagnosis, 2005-2007

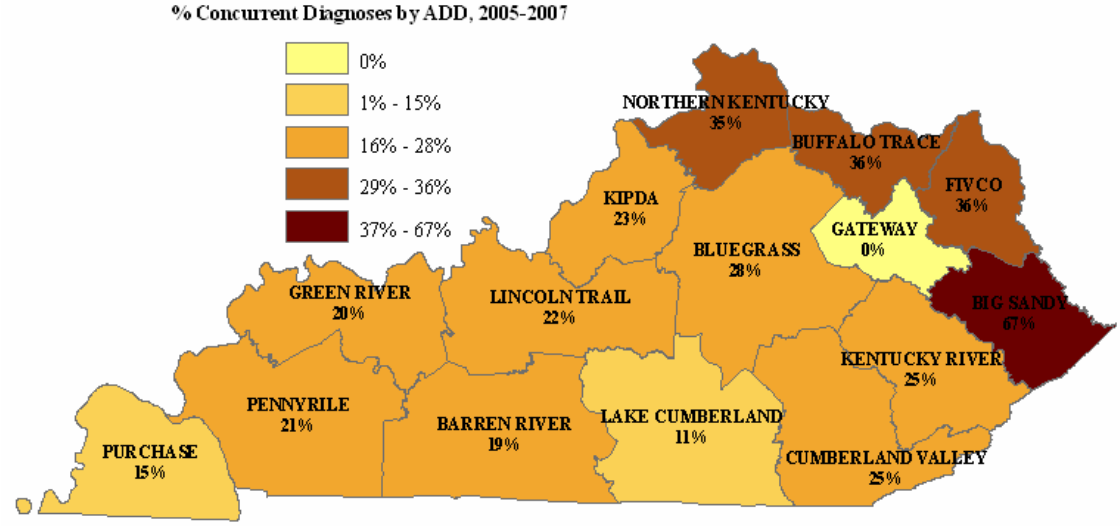


Figure 17 examines the variation by ADD in the proportion of cases within each ADD diagnosed concurrently with HIV and AIDS from 2005 to 2007. The proportion of HIV infections diagnosed concurrently with AIDS ranged from 0% to 67% among the ADDs. The greatest proportion of HIV infections diagnosed concurrently with AIDS (67%) occurred in the Big Sandy ADD in eastern Kentucky. However, there were only a total of six HIV infections diagnosed in this ADD. The ADDs in northern Kentucky also had comparatively higher percentages of concurrent diagnoses.

HIV Counseling and Testing Sites

Ora-Sure

The Ora-Sure test determines if HIV antibodies are present in oral mucosal transudate (OMT) that has been collected from the lower cheek and gum. *This is NOT a saliva test since the specimen collected is not saliva.* In order to collect a sample, a nylon pad is placed between the lower gum and cheek for two to five minutes. The pad is salt laden which sets up a concentration gradient causing fluids to be absorbed from cells in the linings of the cheeks and gums. Results are generally available in three to five days. If your agency is interested in becoming an Ora-Sure site, please contact Tom Collins at (502) 564-6539.

State Sponsored Ora-Sure Testing Sites*

All state sponsored testing sites offer **free** confidential or anonymous HIV testing. Testing hours and locations may vary. **Please contact the center to verify whether an appointment is needed or if walk-ins are acceptable.**

AIDS Volunteers of Lexington (AVOL)
263 North Limestone
Lexington, KY 40507
(859) 225-3000

Area Health Education Center-Covington
1030 Old State Road
Park Hills, KY 41011
(859) 442-1191

Area Health Education Center-Lexington
Black & Williams Neighborhood Center
498 Georgetown Street
Lexington, KY 40508
(859) 281-6086

Area Health Education Center-Louisville
Park Duvalle Community Health Center
3015 Wilson Avenue
Louisville, KY 40211
(502) 774-4401 ext 1260
(502) 776-5785

Barren River District Health Department
1109 State Street
Bowling Green, KY 42102
(270) 781-8039

Bluegrass Farm Worker Clinic (BFWC)
126 Cisco Road
Lexington, KY 40504
(859) 259-0717

Daviess County Health Department
1600 Breckenridge
Owensboro, KY 42302
(270) 686-7744

Heartland CARES
619 North 30th St
Paducah, KY 42001
(270) 444-8183

Kentucky Department for Public Health
275 East Main Street
Frankfort, Kentucky 40621
(502) 564-6539 or (800) 420-7431

Lexington-Fayette County Health Department
650 Newtown Pike
Lexington, KY 40508
(859) 288-2437

Louisville Metro Health Department
850 Barrett Avenue, Suite 301
Louisville, KY 40204
(502) 574-5600

*Please note that this list only includes those testing sites that are funded by the Kentucky Department for Public Health to administer Ora-Sure testing and **IS NOT** an all inclusive list of testing centers in the Commonwealth of Kentucky.

HIV Counseling and Testing Sites

State Sponsored Ora-Sure Testing Sites* continued

All state sponsored testing sites, offer **free** anonymous or confidential HIV testing. Testing hours and locations may vary. **Please contact the center to verify whether an appointment is needed or if walk-ins are acceptable.**

Matthew 25
411 Letcher Street
Henderson, KY 42420
(270) 826-0200

Northern Kentucky District Health Department
2388 Grandview Drive, Building A
Fort Mitchell, KY 41017
(859) 578-7660

Owensboro Task Force
224 South Ewing Road
Owensboro, KY 42301
(270) 683-6018

Purchase District Health Department
320 North 7th Street
Mayfield, KY 42066
(270) 247-1490

Volunteers of America—Louisville
850 Barrett Avenue, Suite 302
Louisville, KY 40204
(502) 574-5373

Western Kentucky Univ. Health Services
1906 College Heights Boulevard #8400
Bowling Green, KY 42101-1041
(270) 745-5033 or (270) 745-5653

WINGS Clinic
550 South Jackson Street
Louisville, KY 40292
(502) 561-8844

*Please note that this list only includes those testing sites that are funded by the Kentucky Department for Public Health to administer Ora-Sure testing and **IS NOT** an all inclusive list of testing centers in the Commonwealth of Kentucky.

HIV Counseling and Testing Sites

Ora-Quick

Ora-Quick tests are a type of screening performed on oral mucosal transudate (OMT) in which results are ready in 20 minutes. The oral fluid based rapid test received FDA approval on March 26, 2004. Several agencies working in association with the state HIV Prevention grant are currently using rapid testing. Other agencies are being encouraged to begin using rapid testing. If your agency is interested in becoming an Ora-Quick site, please contact Tom Collins at (502) 564-6539.

State Sponsored Ora-Quick Testing Sites*

All state sponsored testing sites, offer **free** anonymous or confidential HIV testing. Testing hours and locations may vary. **Please contact the center to verify whether an appointment is needed or if walk-ins are acceptable.**

Area Health Education Center-Louisville
Park Duvalle Comm. Health Center
3015 Wilson Avenue
Louisville, KY 40211
(502) 774-4401 ext 1260 or (502) 776-5785

Area Health Education Center-Covington
1030 Old State Road
Park Hills, KY 41011
(859) 442-1191

Area Health Education Center-Lexington
Black & Williams Neighborhood Center
498 Georgetown Street
Lexington, KY 40508
(859) 281-6086

AIDS Volunteers of Lexington (AVOL)
263 North Limestone
Lexington, KY 40507
(859) 225-3000

Bluegrass Farm Worker Clinic
126 Cisco Road
Lexington, KY 40504
(859) 259-0717

Heartland CARES
619 North 30th St
Paducah, KY 42001
(270) 444-8183

Kentucky Department for Public Health
275 East Main Street
Frankfort, Kentucky 40621
(502) 564-6539 or (800) 420-7431

Lexington-Fayette County Health Department
650 Newtown Pike
Lexington, KY 40508
(859) 288-2437

Louisville Metro Health Department
850 Barrett Avenue, Suite 301
Louisville, KY 40204
(502) 574-5600

Matthew 25
411 Letcher Street
Henderson, KY 42420
(270) 826-0200

Northern Kentucky District Health Dept.
2388 Grandview Drive, Building A
Fort Mitchell, KY 41017
(859) 578-7660

Planned Parenthood—Louisville
1025 S. Second Street
Louisville, KY 40203
(502) 584-2473

Planned Parenthood of the Bluegrass
508 West 2nd Street
Lexington, KY 40508
(859) 252-8494

Volunteers of America—Louisville
850 Barrett Avenue, Suite 302
Louisville, KY 40204
(502) 574-5373

*Please note that this list only includes those testing sites that are funded by the Kentucky Department for Public Health to administer Ora-Quick testing and **IS NOT** an all inclusive list of testing centers in the Commonwealth of Kentucky.